

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/567265

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		①		1			54						
5	1		1				55						
6		1		1			56						
7		2		1			57						
8		⑧		1			58						
9		⑧		1			59						
10	1		1				60						
11		1		1			61						
12		2		1			62						
13	①			1			63						
14	②			—			64						
15	①			1			65						
16	①			1			66						
17	①			1			67						
18	1		1				68						
19	①		—				69						
20	①		—				70						
21	①			1			71						
22	①			1			72						
23	①			1			73						
24	①			1			74						
25	①			1			75						
26	①			1			76						
27	①			1			77						
28	①			1			78						
29	①		—				79						
30	①		①				80						
31	①			1			81						
32	①		—				82						
33	①		—				83						
34	①		—				84						
35	①		—				85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	34	←	23	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	38		27				TOTAL CLAIMS						